

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px">M M M</table> / <table border="1" style="display:inline-table; width:40px">D D D</table> / <table border="1" style="display:inline-table; width:80px">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px">01</table> / <table border="1" style="display:inline-table; width:40px">12</table> / <table border="1" style="display:inline-table; width:80px">2016</table>	
Mailing Address 2000 Franklin Street		Amount <table border="1" style="display:inline-table; width:150px">220.00</table>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D692894
Purpose of Expenditure Site rental	Category/Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px">01</table> / <table border="1" style="display:inline-table; width:40px">13</table> / <table border="1" style="display:inline-table; width:80px">2016</table>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA	
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px">44328.85</table>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Campaign Workshop		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px">12</table> / <table border="1" style="display:inline-table; width:40px">15</table> / <table border="1" style="display:inline-table; width:80px">2016</table>	
Mailing Address 1129 20th Street, Suite 200		Amount <table border="1" style="display:inline-table; width:150px">42000.00</table>	
City Washington	State DC	Zip Code 20036	Transaction ID : D692895
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px">01</table> / <table border="1" style="display:inline-table; width:40px">13</table> / <table border="1" style="display:inline-table; width:80px">2016</table>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA	
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px">44328.85</table>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:150px">42220.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:150px"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:150px"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

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Signature